

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
10725829
APPLICANT(S)

FILING DATE
12-01-68

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6						
7		2				
8	1					
9		1				
10		1				
11	1					
12		1				
13		1				
14		2				
15		2				
16	1					
17		1				
18		1				
19	1					
20		1				
21		1				
22		2				
23		1				
24	1					
25		1				
26		1				
27	1					
28		1				
29		1				
30	1					
31		1				
32		1				
33	1					
34		1				
35		1				
36	1					
37		1				
38		1				
39	1					
40		1				
41		1				
42		12				
43		12				
44		12				
45		12				
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53	1							
54	1							
55		1						
56	1							
57		1						
58		1						
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								